



Triangle Communication System, Inc.

P.O. Box 1140 • Havre, Montana 59501-1140

Phone (406)394-8800 • Fax (406)394-2141

June 30, 2014

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: WC Docket No. 10-90, Annual §54.313 Report of High-Cost Recipient

Dear Ms. Dortch:

Enclosed herein is the annual report for Triangle Communication System, Inc., Study Area Code 489008 pursuant to §54.313 of the Commission's rules. Triangle Communication System, Inc. is a state-designated ETC.

Should you have any questions, please contact me via e-mail at rstevens@itstriangle.net or by phone at (406)394-7807.

Sincerely,

Richard Stevens
General Manager

Enclosure

Cc: Montana Public Service Commission
Fort Belknap Tribal Council

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3050-0986/OMB Control No. 3050-0819
 July 2013

<010> Study Area Code	489008
<015> Study Area Name	TRIANGLE COMMUNICATION SYSTEM, INC.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Gail Rainey
<035> Contact Telephone Number: Number of the person identified in data line <030>	4063947807 ext. 855
<039> Contact Email Address: Email of the person identified in data line <030>	grainey@tsttriangle.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	489008
<015> Study Area Name	TRIANGLE COMMUNICATION SYSTEM, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Gail Rainey
<035> Contact Telephone Number - Number of person identified in data line <030>	4063947807 ext. 855
<039> Contact Email Address - Email Address of person identified in data line <030>	grainey@itstriangle.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TRIANGLE COMMUNICATION SYSTEM, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014
Printed name of Authorized Officer: Richard Stevens	
Title or position of Authorized Officer: General Manager/CEO	
Telephone number of Authorized Officer: 4063947807 ext. 852	
Study Area Code of Reporting Carrier: 489008	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	489008
<015>	Study Area Name	TRIANGLE COMMUNICATION SYSTEM, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gail Rainey
<035>	Contact Telephone Number - Number of person identified in data line <030>	4063947807 ext.855
<039>	Contact Email Address - Email Address of person identified in data line <030>	grainey@itstriangle.net
<810>	Reporting Carrier	Triangle Communication System, Inc.
<811>	Holding Company	NA
<812>	Operating Company	NA

[illegible]

(1200) Terms and Condition for Lifeline Customers**Lifeline
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	489008
<015>	Study Area Name	TRIANGLE COMMUNICATION SYSTEM, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gail Rainey
<035>	Contact Telephone Number - Number of person identified in data line <030>	4063947807 ext.655
<039>	Contact Email Address - Email Address of person identified in data line <030>	grainey@tsttriangle.net

489008mt1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

Triangle Communication System, Inc.
Annual 54.313 Report of High-Cost Recipient

Lifeline Terms and Conditions

Triangle Communication System, Inc. (Triangle) offers Lifeline discounts to qualifying residential subscribers. The discounts can be applied to any voice plan offered by Triangle.

Current plan offerings include unlimited nationwide calling for \$30/month with a basic phone or \$35/month for a smart phone (phone capable of accessing data services). These plans became available May 1, 2014. A credit check is not required nor is a deposit charged to lifeline eligible subscribers choosing one of the new plans unless they activate data or other available features. Because these plans have unlimited nationwide calling, there are not additional charges for toll services.

Prior to May 1, 2014, the Local Unlimited plan was created specifically for Lifeline subscribers. It costs \$39.50 per month and includes unlimited incoming calls and unlimited outgoing calls within the Triangle Mobile network. No deposit is required if the subscriber elects to have toll and roaming options blocked with this plan. Toll charges are \$0.15 per minute and roaming is \$0.75 per minute.

Lifeline subscribers also had the option of selecting either the Unlimited Nationwide plan for \$65 per month (no roaming or toll charges) or one of the Nationwide plans with buckets of minutes as follows:

<u>Minutes</u>	<u>Monthly Cost</u>
500	\$40
1000	\$60
2000	\$90
4000	\$120

Overages are assessed a fee of \$0.40/minute. A credit check will be done on these plans and the subscriber may be required to pay a deposit.